



DEVELOPMENT APPLICATION

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND ALL ATTACHMENTS TO THE APPLICATION AND THAT THE FACTS STATED IN IT ARE TRUE.

INITIALS

A INSTRUCTIONS		B OFFICE USE ONLY	
<input checked="" type="checkbox"/> Please print or type all information. The application must be filled out accurately and completely. Answer all questions including criteria where an item might not be applicable, in which case write N/A (Not Applicable).		Main Project Application No.	Application Received Date
<input checked="" type="checkbox"/> Please refer to the appropriate Submittal Checklist for all additional documents, in conjunction with this application, due at time of first submittal.		Escrow No.	
2 APPLICATION TYPE (Check all the applicable development applications)			
<input type="checkbox"/>	Abandonment/Vacation of Right-of-Way or Easement	<input type="checkbox"/>	Land Use Plan Map Amendment
<input type="checkbox"/>	Administrative Variance	<input type="checkbox"/>	Major Site Plan / Site Plan Amendment
<input type="checkbox"/>	Alcohol Beverage License	<input type="checkbox"/>	Minor Administrative Site Plan / Site Plan Amendment
<input type="checkbox"/>	Annexation or Contraction	<input type="checkbox"/>	Minor Site Plan/ Site Plan Amendment
<input type="checkbox"/>	Appeal	<input type="checkbox"/>	Planned Development
<input type="checkbox"/>	Conditional Use	<input type="checkbox"/>	Plat / Plat Exemption / Plat Waiver
<input type="checkbox"/>	Comprehensive Plan Text Amendment	<input type="checkbox"/>	Research
<input type="checkbox"/>	Dedication of Right-of-Way or Easement	<input type="checkbox"/>	Rezoning
<input type="checkbox"/>	Development Agreement / Amendment	<input type="checkbox"/>	Special Exception
<input type="checkbox"/>	Dry Run Plan Review	<input type="checkbox"/>	Variance
<input type="checkbox"/>	Flood Plain Variance	<input type="checkbox"/>	Vested Rights
<input type="checkbox"/>	Land Development Code Amendment	<input type="checkbox"/>	Zoning Interpretation / Verification Letter
3 PROJECT DESCRIPTION			
Project Location — Parcel ID Number(s):			
Development / Project Name			
Development / Project Address			
Valuation of Proposed Development			
Current Use(s) of Property			
Proposed Use(s) of Property			
Residential Use(s) / Unit Type(s)			
Number of Residential Units			
Non-residential Total Building Gross SF			
Site Area (SF & Acres)			

3 TEAM MEMBERS CONTACT INFORMATION (Combination of multiple titles is permitted, e.g. Agent & Architect)

Select Title: Agent / Planner / Architect / Landscape Architect / Engineer / Land Use Attorney / Other:

Name:

Company:

Telephone No.:

E-mail:

Select Title: Planner / Architect / Landscape Architect / Engineer / Land Use Attorney / Other:

Name:

Company:

Telephone No.:

E-mail:

Select Title: Planner / Architect / Landscape Architect / Engineer / Land Use Attorney / Other:

Name:

Company:

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E-mail:

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E-mail:

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Name:

Company:

Telephone No.:

E-mail:

Select Title: Planner / Architect / Landscape Architect / Engineer / Land Use Attorney / Other:

Name:

Company:

Telephone No.:

E-mail:

4 PROPERTY OWNER INFORMATION

Name:

Signature:

Telephone No.:

E-mail:

Address:

NOTARIZATION

STATE OF _____/COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization,

this ____ day of _____, 20____, by _____ (name of person acknowledging)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____

AGENT AUTHORIZATION FORM

Parcel Id(s) _____

Subject Site Address _____

Property Owner _____

The undersigned, registered property owners of the subject site, do hereby authorize

_____, of _____
(Contractor / Agent) (Name of consulting firm)

to act on my behalf and take all actions necessary for the processing, issuance and acceptance of this application and all standard and special conditions associated.

Agent Address _____

Business Phone _____ Mobile _____

E-mail _____

We hereby certify the above information submitted in this application is true and accurate to the best of our knowledge.

Owner Signature

Agent Signature (to accept authorization)

STATE OF FLORIDA:
COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, 20____.

Signature of Notary Public
Notary Public for the State of Florida

My Commission Expires

APPLICANT'S AFFIDAVIT FORM

The Undersigned, first being duly sworn depose that all answers to the questions in this application, and all supplementary documents made a part of the application are honest and true to the best of (my)(our) knowledge and belief. (I)(We) understand this application must be complete and accurate before the application can be submitted and the hearing advertised.

OWNER OR TENANT AFFIDAVIT

(I/WE), _____, being first duly sworn, depose and say that (I am/We are) the ☐ owner ☐ tenant of the property described, and which is the subject matter of the proposed project and any related public hearing.

Signature and Date

Signature and Date

Sworn to and subscribed to before me this ____ day of _____, ____

Notary Public _____

Commission Expires _____

CORPORATION AFFIDAVIT

(I/WE), _____, being first duly sworn, depose and say that (I am/We are) the ☐ President ☐ Vice-President ☐ Secretary ☐ Asst. Secretary of the aforesaid corporation, and as such, have been authorized by the corporation to file this application for public hearing; and that said corporation is the ☐ owner ☐ tenant of the property described herein and which is the subject matter of the proposed hearing.

Name of Corporation

Attest: _____

Authorized Signature

Office Held

(Corp. Seal)

Sworn to and subscribed to before me this ____ day of _____, ____

Notary Public _____

Commission Expires _____

PARTNERSHIP AFFIDAVIT

(I/WE), _____, being first duly sworn, depose and say that (I am/We are) partners of the hereinafter named partnership, and as such, have been authorized to file this application for a public hearing; and that said partnership is the ☐ owner ☐ tenant of the property described herein which is the subject matter of the proposed hearing.

Name of Partnership

By _____ %

By _____ %

By _____ %

By _____ %

Signature

STATE OF FLORIDA:
COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, 20____.

Signature of Notary Public
Notary Public, for the State of Florida

My Commission Expires

ATTORNEY AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am a State of Florida Attorney at Law, and I am the Attorney for the Owner of the property described and which is the subject matter of the proposed hearing.

Signature

STATE OF FLORIDA:

COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, 20____.

Signature of Notary Public
Notary Public, for the State of Florida

My Commission Expires

DISCLOSURE OF INTEREST FORM

If the property, which is the subject of the Application, is owned or leased by a **CORPORATION**, list the Principal Stockholders and the percentage of stock owned by each. NOTE: Where the Principal Officers or Stockholders consist of another Corporation(s), Trustee(s), Partnership(s) or other similar entities, further disclosure shall be required which discloses the identity of the individual(s) (natural persons) having the ultimate ownership interest in the aforementioned entity.

Corporation Name

Name, Address and Office

Percentage of stock

If the property, which is the subject of the Application, is owned or leased by a **TRUSTEE**, list the Principal Stockholders and the percentage of stock owned by each. NOTE: Where the Principal Officers or Stockholders consist of another Corporation(s), Trustee(s), Partnership(s) or other similar entities, further disclosure shall be required which discloses the identity of the individual(s) (natural persons) having the ultimate ownership interest in the aforementioned entity.

Trust Name

Name, Address and Office

Percentage of stock

If the property, which is the subject of the Application, is owned or leased by a **PARTNERSHIP or LIMITED PARTNERSHIP**, list the Principal Stockholders and the percentage of stock owned by each. NOTE: Where the Principal Officers or Stockholders consist of another Corporation(s), Trustee(s), Partnership(s) or other similar entities, further disclosure shall be required which discloses the identity of the individual(s) (natural persons) having the ultimate ownership interest in the aforementioned entity.

Name, Address and Office	Percentage of stock
_____	_____
_____	_____
_____	_____
_____	_____

Signature

STATE OF FLORIDA:
COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, 20____.

Signature of Notary Public
Notary Public, for the State of Florida

My Commission Expires

Sec. 12-2(8) Cost Recovery.

COST RECOVERY AFFIDAVIT

I hereby acknowledge and consent to the payment of **all applicable fees** involved as part of my application process. These fees include but are not limited to application fees, postage, advertising, attorney fees and any outside contractors, agents or consultants **regardless of the outcome of the public hearing.**

Please type or print the following:

Date: _____

Full Name: _____

Current Address: _____ City: _____

State: _____ Zip: _____

Telephone Number (____) _____ Email: _____

Signature

STATE OF FLORIDA:
COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, 20____.

Signature of Notary Public
Notary Public, for the State of Florida

My Commission Expires

Pursuant to Chapter 12, Sec. 12-2(8) Cost Recovery of the Village of Indiantown Land Development Regulations.

Sec. 12-2 (11). – Withdrawal of Development Applications and Refund of Fees.

Pursuant to Chapter 12(11) of the Village Land Development Code (LDR), an application for development review may be withdrawn at any time. For applications filed in accordance with the LDR and subsequently withdrawn, the applicant may request a fee refund. The refund request must be made on a form provided by the Village. The amount of refund will be based on the point in time of the review process when the application withdrawal is initiated by the applicant. The refund schedule is as follows: a. 75 percent prior to staff review or legal advertisement (whichever comes first). b. 25 percent prior to drafting of the staff report. c. 15 percent 10 business days prior to the village council hearing on the application. d. No refund shall be granted if an applicant withdraws the application at the village council meeting in which the application is scheduled to be heard.

I _____, have read and understand the refund policy related to Land Development Fees in the Village of Indiantown.

APPLICANTS, PLEASE

-----DO NOT WRITE BELOW THIS LINE-----

Received Date: _____

Fee Paid: Yes [] No [] Amount Paid: _____ Cash [] Check [] # _____

Received by: _____

Application Number: _____

Application Number: _____

Application Number: _____

Application Number: _____